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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S76610 (2)

1. Corporation Name

VICTOR REINER ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**1944 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162**

**1944 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified

08/27/1991

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0282720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINER, VICTOR
1944 NORTHEAST 163RD STREET
NORTH MIAMI BEACH FL 33162**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of the registered agent and the corporation

Signature typed or printed in block of the registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	REINER, LUISIN	
STREET ADDRESS	1944 NORTHEAST 163RD STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this filing is true and correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; and that I am the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE

[Signature]

NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

DATE

DATE OF FILING

CR2E034 (12/95)